

Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB#: 0925-0648 Expiration Date: 6/30/2024)

TITLE OF INFORMATION COLLECTION: NCI SBIR Investor Initiatives program Post Event Feedback Survey

PURPOSE:

The purpose of this information collection is to determine a respondent’s satisfaction with the NCI SBIR Investor Initiatives program and to assess if participation in program led to any positive communications, deals, or partnerships with the investment and strategic partner community.

DESCRIPTION OF RESPONDENTS:

The respondents are all participants of the NCI SBIR Investor Initiatives program.

TYPE OF COLLECTION: (Check one)

- | | |
|--|--|
| <input type="checkbox"/> Customer Comment Card/Complaint Form | <input checked="" type="checkbox"/> Customer Satisfaction Survey [|
| <input type="checkbox"/> Usability Testing (e.g., Website or Software) | <input type="checkbox"/> Small Discussion Group |
| <input type="checkbox"/> Focus Group | <input type="checkbox"/> Other: _____ |

FREQUENCY OF REPORTING: (Check one)

- | | |
|-----------------------------------|---|
| <input type="checkbox"/> Once | <input type="checkbox"/> Quarterly |
| <input type="checkbox"/> Monthly | <input checked="" type="checkbox"/> On Occasion |
| <input type="checkbox"/> Annually | <input type="checkbox"/> Other _____ |

CERTIFICATION:

I certify the following to be true:

1. The collection is voluntary.
2. The collection is a low burden for respondents and a low cost for the Federal Government.
3. The collection is non-controversial and does not raise issues of concern to other federal agencies.
4. The results are not intended to be disseminated to the public.
5. Information gathered will not be used to inform effective policy decisions substantially.
6. The collection is targeted to soliciting opinions from respondents who have experience with the program or may have experience with the program in the future.

Name: Brittany Connors

Please answer the following question to assist with review: If you collect names and emails, check for PII.

Personally Identifiable Information:

1. Is personally identifiable information (PII) collected? Yes No
2. If Yes, is the information that will be collected included in records subject to the Privacy Act of 1974? Yes No
3. If Applicable, has a System or Records Notice been published? Yes No

Gifts or Payments:

Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants? Yes No

Amount: _____

The explanation for incentive: (include a number of visits, etc.)

ESTIMATED BURDEN HOURS and COSTS

Category of Respondent	No. of Respondents	No. of Responses per Respondent	Time per Response (in hours)	Total Burden Hours (Whole numbers only)
Individuals	35	1	10/60	6
Totals		35		6

Category of Respondent	Total Burden Hours	Wage Rate*	Total Burden Cost
Individuals	6	\$49.44	\$296.64
Totals			\$296.64

*Source of the mean Hourly Wage Rate is provided by the Bureau of Labor Statistics, Occupation title “Medical Scientists” 19-1040, https://www.bls.gov/oes/2021/May/oes_nat.htm#00-0000.

FEDERAL COST: The estimated annual cost to the Federal government is \$4,866.95

Staff	Grade/Step	Salary**	% of Effort	Fringe (if applicable)	Total Cost to Gov’t
Federal Oversight					
Program Analyst	12/2	\$ 97,339	5%		\$4,866.95
Contractor Cost					\$0
Travel					\$0
Other Cost					\$0
Total					\$4,866.95

**The salary in the table above is cited from: <https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/23Tables/html/DCB.aspx>

If you are conducting a focus group or survey or plan to employ statistical methods, please

provide answers to the following questions:

The selection of your targeted respondents

1. Do you have a customer list or something similar that defines the universe of potential respondents, and do you have a sampling plan for selecting from this universe?

Yes No

2. If yes, please describe both below (or attach the sampling plan). If the answer is no, please explain how you plan to identify your potential respondents and how you will select them.

All respondents will have participated in the NCI SBIR Investor Initiatives program. The company representative that participated will be the one who is asked to fill out the form.

Administration of the Instrument

1. How will you collect the information? (Check all that apply)

Web-based or other forms of social media

Telephone

In-person

Mail

Survey Form

Chart Abstraction

Other, Explain

2. Will interviewers, facilitators, or research coordinators be used? Yes No

Please ensure that all instruments, instructions, and scripts are submitted with the request.